



Connecting the Dots: New and Updated Resources for Tailored Suicide Prevention Efforts

Mental Health and Suicide Prevention



NAVY AND MARINE CORPS PUBLIC HEALTH CENTER

PREVENTION AND PROTECTION START HERE

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Presenters

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Webinar Courtesy

- Good afternoon and thank you for joining us!
- The slides and audio will be archived on the NMCPHC webpage at:
www.med.navy.mil/sites/nmcphc/health-promotion/Pages/webinars.aspx



Objectives

- Discuss the public health approach to suicide prevention
- Explain the "connecting the dots" concept and how it applies to "Every Sailor, Every Day"
- Discuss why the Department of Veterans Affairs Safety Plan and the Columbia Suicide Severity Rating Scale are used as evidence-based suicide prevention tools and for training purposes
- Discuss strategies for enhancing your command's suicide prevention program



National Public Health Overview of Suicide¹

- Suicidal behaviors present a public health burden of morbidity and mortality
- Suicide is among the top 10 causes of death in United States
- For every death by suicide, there are more than 30 suicide attempts
- Between 2001 and 2009, there were more than 33,000 deaths by suicide per year in the United States
- Likely an underestimate given difficulty in identifying suicidal intent

1. Centers for Disease Control and Prevention. National suicide statistics at a glance. <http://www.cdc.gov/Violenceprevention/suicide/statistics/index.html>. Updated January 28, 2014. Accessed July 2014.



Understanding Suicide

- Death by suicide is a complex outcome
- Influenced by many factors
 - Factors intrinsic to the individual
 - Individual's relationships with family members, friends, and peers
 - Culture
 - Economic
 - Physical environment
 - Individual life path factors



Navy Approach to Suicide Prevention

- Suicide prevention and intervention not only a “mental health issue”
- Theme for the Navy’s Suicide Prevention Month is “Every Sailor, Every Day”
- Diverse audience in today’s webinar is a reflection of necessary engagement



What is Suicide Prevention?

- Reduce the factors that increase the risk of suicidal thoughts or behaviors
- Increase/promote the factors that protect from suicidal thoughts or behaviors
- Risk and protective factors are multi-level in nature
 - Individual
 - Relationships
 - Community
 - Society



- Thrive Infographic

NavyTHRIVE

With the right support, anyone can THRIVE!

Your ability to thrive can be developed and strengthened to help you emerge stronger and better after navigating a stressful experience. Sailors, Marines and their families are sometimes asked to do things most people can't do, be in situations most people can't handle or make decisions most people couldn't fathom. You can build and use positive coping skills to protect you from the negative effects of high stress situations. Your leaders and relationships with others all play a role in helping you THRIVE in your community.

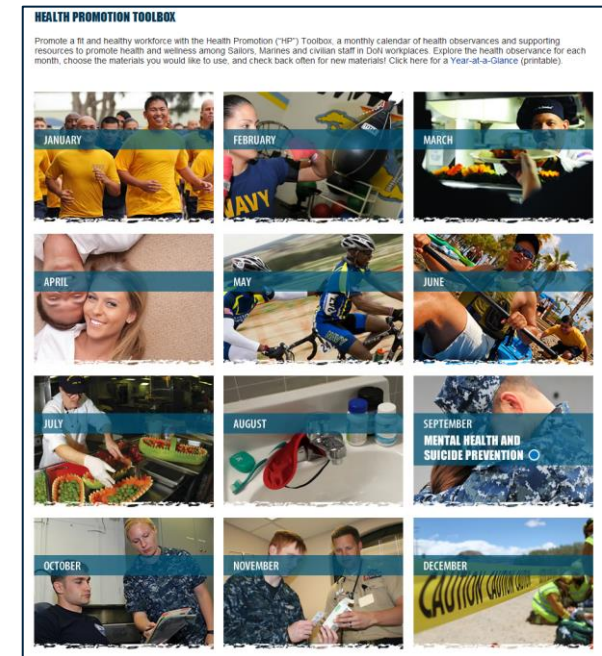
Small seeds of hope or a sense of purpose and belonging can grow to form the branches that sustain us through tough times.



Community and Leadership Levels

- Encourage help seeking behavior
 - Primary care or behavioral health at MTF
 - Local branch health clinic
 - Local Fleet and Family Support Center
 - Military OneSource
- Promote stigma free environment
 - Normal to manage stress before it is perceived as unmanageable
 - Improved psychological health enhances readiness
- HP September Toolbox
 - Commanding Officer Message
 - Posters
 - Infographics
 - Fact sheets

HP Toolbox Monthly Health Observance Calendar





Navy Suicide Prevention
OPNAV N17/N171
21st Century Sailor Office



**“Connecting the Dots”: New and Updated Resources for
Tailored Suicide Prevention Efforts.**



Navy Suicide Prevention Program Overview

- Command Programs**
- ☑ Suicide Prevention Coordinator
 - ☑ General Military Training
 - ☑ Crisis Response Plans

Reporting and Analysis

- DoD Suicide Event Report
- Suicide Related Behavior situation report messages
- Weekly and monthly reports and updates for leadership
- Case review and consultation
- Behavioral Health Quick Poll
- Training Assessments

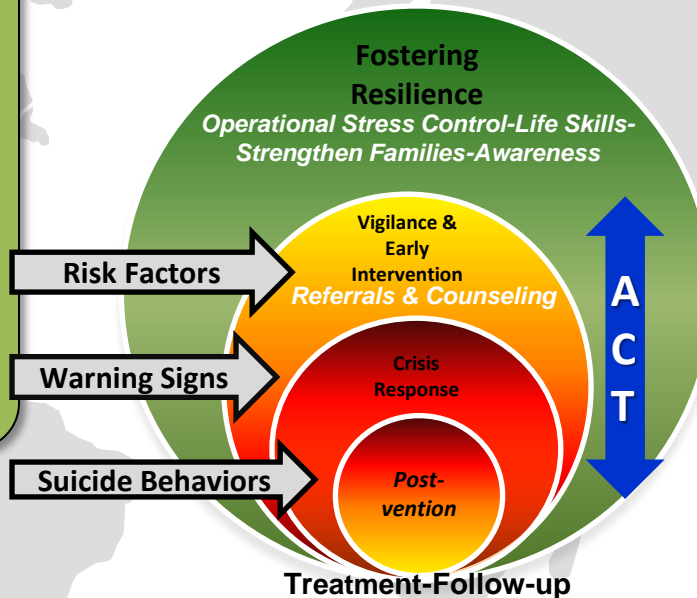
Strategic Focus

- Building Resilience
- Strengthening Connections
- Training Skills
- All Hands All of the Time
- Reducing Barriers

*Families
Leadership
SPCs*

*Peers
Caregivers
First Responders*

Prevention



**Sustainable Program – Aligned Prevention Efforts
Comprehensive & Integrated All Hands Suicide Prevention**

*Globally Dispersed
Standardized Training*

*Strategic
Communications*

Sustaining a Resilient Force



Cross Disciplinary Suicide Case Review

Conducted in September, 2013, this multi-disciplinary team reviewed all available data related to the 52 active and 7 reserve component Navy suicides that occurred in 2011.

- In 2009, the Suicide Prevention Cross Functional Team recommended that a group of subject matter experts conduct an in-depth review of Navy suicides.
- The first of these reviews took place in February 2012 and studied data related to the 2010 Navy suicides.
- A similar review, hosted by BUMED, took place in December 2012 to review Navy Medicine suicides for CY2011 and CY2012 (year-to-date).
- This was the third formal Navy review of this kind in recent history.



Findings

- Barriers to seeking help--including perceived occupational risk--related to mental health/suicidal thoughts were found. Families and friends reported fearing potential negative impact on the member's military career if they communicated their concerns to the command.
- While general suicide awareness and prevention training is available, current Navy required training can be enhanced by incorporating more evidence-based and skills-focused suicide prevention tools and guidelines that are becoming more widely-accepted by suicidologists.
- These key findings confirm that our current program focus of improving training and reducing barriers to seeking help is on track and supports our continued pursuit of enhanced evidence-based training and communications.



Findings (cont'd)

- The majority of the decedents had multiple recent stressors that have been historically associated with suicides in the Navy, including:
 - Relationship Problems (Specifically Marital Problems)
 - Significant Career Problems
 - Change In Duty Status
 - Health Issues
 - Legal Issues
 - Financial Issues
 - Change In Military Status (Retirement, Discharge, Off/On Active Duty)
 - Significant Loss
 - School Issues (Academic Or Training)
- A failure to communicate the warning signs or risk factors detected by commands, providers, family members, or peers was found. This failure to “connect the dots” of information was more often evident during times of transition.



Findings (cont'd)

- Leaders and shipmates must exercise heightened vigilance when:
 - ✓ Intimate relationships are ending or are in danger of ending (break-up, separation, divorce, death of loved one).
 - ✓ Sailors experience occupational/academic setbacks
 - ✓ Sailors experience disciplinary/legal issues that represent a high level of perceived or actual damage to status, reputation, success, career or honor, (often characterized as a "fall from glory").
 - ✓ Sailors are in the process of major life transitions such as Permanent Change of Station (PCS), release from active duty, or even increased job responsibility, etc.



2011 Chain of Events and Observations

History

Mental Health Treatment in past year :	44%
Recent Suicide of friend/shipmate:	8%
Death of significant other:	9%
Family Member Suicide/Suicide Behavior:	14%
Trauma/Abuse (Physical/Sexual):	27%
Trauma/Abuse (Emotional):	19%
Prior Suicide Related Behavior:	32%
Prior Suicide Attempt:	19%
Substance Abuse (Parents)	27%

Disrupted Social Network

Separating from Navy:	17%
Duty Status Change, Demotion, PCS:	24%
Retirement, Discharge, On/Off Active Duty:	25%

Judgment Factors

Sleep Problems:	36%
Anger (fight/argument):	24%
Increased Use of Alcohol/drugs:	29%

History

Stressors

Stressors

Relationship Problems:	56%
Significant Career Problems:	42%
Significant Loss:	29%
Financial:	25%
Physical Health:	22%
Legal Issues:	17%
School:	10%

Disrupted Social Network

Judgment Factors

Access to Lethal Means

Contributory Risk Factors

Disruption in Primary Relationship:	42%
Recent Traumatic Event Causing Shame, Guilt, Loss of Status:	37%
Recent Traumatic Event Causing Feelings of Rejection/Abandonment:	31%

Access to Lethal Means

Access to Firearms:	49%
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Compressed intervention window

Distorted Thinking + Lethal Action

Life Counts!
Ask Care Treat



Top 5 Recommendations

1. Increase command engagement.
 - Expanded focus on suicide prevention as a proactive, ongoing effort (“All Hands Evolution, All the Time”)
 - Promulgate importance of engaged communication, personal responsibility and community support (“Every Sailor, Every Day”), especially during times of transition or hardship that will likely have a significant impact on the Sailor’s career
2. Implement the broadened use of evidence-based suicide risk assessments.
3. Enhance suicide prevention training by moving to evidence based or informed methods emphasizing scenarios and skill development vice simple awareness.
4. Develop a comprehensive policy to promote systematic and regular communication of risk factors (transitions, “fall from glory”, mental health issues, sleep problems, etc.) between commands, and between and among mental health and health care providers and chaplains.
5. Develop, evaluate, and more widely disseminate peer-to-peer programs that intentionally promote not only connectedness, but also risk identification and response.



The Columbia Suicide Severity Rating Scale

(C-SSRS)*

&

The VA Safety Plan (VA/DoD)**

- *Posner, et. al., 2008 For more information:
<http://www.cssrs.columbia.edu>
- ** Stanley and Brown, 2008 For more information:
http://www.mentalhealth.va.gov/docs/va_safety_planning_manual.doc



The Columbia Scale (C-SSRS)

- Columbia Suicide Severity Rating Scale (C-SSRS) – a widely-used best practice tool suicide risk assessment tool proven to detect both suicidal ideation and suicide attempt risk when used by clinicians and non-clinicians alike.
- C-SSRS is the first such tool to address suicidal thoughts and behavior and the first proven to outperform usual clinical assessment by increasing true positives and decreasing false positives in the identification of at-risk persons.
- USMC recently trained over 1,000 Marine Corps and Navy attorneys, chaplains, healthcare personnel, counselors, victim advocates, and prevention specialists on how to employ the scale effectively to identify and refer individuals at risk. This represents the best in evidence-based suicide risk assessment and early detection tools.
- Copies of the C-SSRS can be downloaded from the center's website: http://www.cssrs.columbia.edu/scales_practice_cssrs.html.
Training can be completed on the C-SSRS Training Campus website: <http://c-ssrs.trainingcampus.net>.



The Columbia Scale (C-SSRS)

- The continuing national and international tragedy of suicide has encouraged prevention efforts.
- Lack of effective screening and identification of persons at risk has historically been an obstacle to effective prevention.
- An evidence-based low-burden solution is The Columbia-Suicide Severity Rating Scale (C-SSRS).
- This Suicide Risk Assessment screening tool developed by multiple institutions, with NIMH support at Columbia University, has actually been shown to detect (predict) suicide attempts—one of the foremost national priorities for prevention.
- The C-SSRS is used extensively nationally and internationally across research, clinical and institutional settings
- Average administration time 1-2 minutes.



The Columbia Scale (C-SSRS)

- **C-SSRS Key Points:**
- Demonstrated ability to predict suicide attempts in suicidal and non-suicidal individuals
- CDC adopted Columbia definitions of suicidal ideation and behavior (with links to C-SSRS)
- Ready to use; mental health training not required to administer; Chaplains to first responders
- Gathers key information to help conserve and direct limited resources to persons most in need.
- Decreases inappropriate referrals and inappropriate “one-to-one” watches.
- Captures “missed” referrals of individuals at high risk
- Proven track record with millions of administrations.
- Available in 103 languages.
- Electronic self-report is available and widely used (e-CSSRS)
- Data confirmed that a 4 or 5 on ideation predicted suicide attempts in national attempter study (Posner et al., AJP Dec 2011)
- These findings were further confirmed by eC-SSRS: 35,007 administrations, those at baseline with a 4 or 5 in prior ideation and/or behavior are 4x – 8x more likely to report subsequent suicidal behavior



VA Safety Plan

- Veterans Administration Safety Plan - A coping skills focused intervention tool proven to save lives. The use of this tool, in which the sailor actively participates, is proven to reduce suicide in at-risk populations when administered by non-clinicians (laymen) and clinicians alike.
- USMC recently trained over 1,000 Marine Corps and Navy attorneys, chaplains, healthcare personnel, counselors, victim advocates, and prevention specialists how to employ the VA Safety Plan to quickly reduce suicide risk and teach Marines to help themselves and elicit help from friends, family and community.
- This represents the best in evidence-based prevention tools.



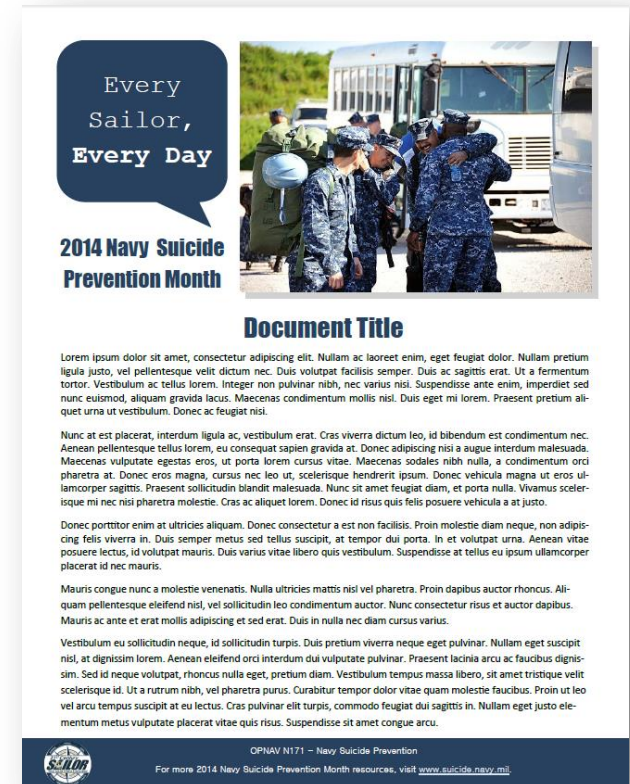
VA Safety Plan

- **Step 1: Recognizing Warning Signs**
- **Step 2: Using Internal Coping Strategies**
- **Step 3: Social Contacts Who May Distract from the Crisis**
- **Contacting Family Members or Friends Who May Offer Help to Resolve a Crisis**
- **Step 5: Contacting Professionals and Agencies**
- **Step 6: Reducing the Potential for Use of Lethal Means**
- *See Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version (Stanley & Brown, 2008) for a full description of the instructions



Every Sailor, Every Day 2014 Suicide Prevention Month

- Emphasis on personal responsibility, peer/community support, bystander intervention
- Supporting messaging, products and resources to enable tailored engagement at the deckplate
 - No mandatory involvement
- Serves as launch-pad for upcoming FY communications and program efforts
- First year collaborating with Navy & Marine Corps Public Health Center



Life Counts!
Ask Care Treat





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Go to: www.suicide.navy.mil for more resources and links



Helping Resources

- [Military Crisis Line](#)
- [Marine DStress Line](#)
- [Military OneSource](#)
- [Vets4Warriors](#)
- [inTransition](#)
- [Military Pathways](#)
- [Afterdeployment](#)
- [Real Warriors Campaign](#)
- [Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury](#)



Discussion and Questions



Additional questions

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Continuing Education

- NMCPHC is a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) to receive 1 Category 1 CECH but only when viewed during the live webinar. If you are a CHES and you viewed the live webinar, E-mail your name and CHES number to: Melissa.Cazaux.ctr@med.navy.mil
- If you have viewed the recorded version of the webinar online and would like to request Cat. II CECH, download the certificate for this webinar from the NMCPHC Webinar website, complete it and send it to the NCHEC, Inc. for 1 Cat. II CECH



Closing

- The slides and audio will be archived on the NMCPHC webpage at: www.med.navy.mil/sites/nmcphc/health-promotion/Pages/webinars.aspx
- Thank you for joining us and if you have any questions, please email Dr. Mark Long at mark.long@med.navy.mil.

